

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

Massachusetts Republican State Congressional Committee

ADDRESS (number and street)

85 Merrimac St.

Suite 400

☐ Check if different
than previously
reported. (ACC)

Boston

MA

02114

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00042622

3. IS THIS
REPORT☐NEW
(N)

OR

☒AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

- ☐ April 15
Quarterly Report(Q1)
- ☐ July 15
Quarterly Report(Q2)
- ☐ October 15
Quarterly Report(Q3)
- ☐ January 31
Quarterly Report(YE)
- ☐ July 31 Mid-Year
Report(Non-election
Year Only) (MY)
- ☐ Termination Report
(TER)

(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☒

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post-Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

06

01

2011

through

06

30

2011

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Brent Anderson

Signature of Treasurer

Electronically Filed by Brent Anderson

Date

08

16

2011

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
Massachusetts Republican State Congressional Committee

Report Covering the Period: From:

| | |
|---|---|
| M | M |
| 0 | 6 |

| | |
|---|---|
| D | D |
| 0 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 1 |

 To:

| | |
|---|---|
| M | M |
| 0 | 6 |

| | |
|---|---|
| D | D |
| 3 | 0 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 1 |

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------|-----------------------------------|
| 6. (a) Cash on Hand January 1 | 2011 | 191359.55 |
| (b) Cash on Hand at Beginning of Reporting Period | 64501.76 | |
| (c) Total Receipts (from Line 19) | 81230.53 | 250087.15 |
| (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | 145732.29 | 441446.70 |
| 7. Total Disbursements (from Line 31) | 63643.57 | 359357.98 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 82088.72 | 82088.72 |
| 9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | |
| 10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | |

☐ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Massachusetts Republican State Congressional Committee

Report Covering the Period:

From:

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| M | M | D | D | Y | Y | W | Y |
| 0 | 6 | 0 | 1 | 2 | 0 | 1 | 1 |

To:

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| M | M | D | D | Y | Y | W | Y |
| 0 | 6 | 3 | 0 | 2 | 0 | 1 | 1 |

| I. Receipts | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From: | | |
| (a) Individuals/Persons Other Than Political Committees | | |
| (i) Itemized (use Schedule A) | 71080.53 | 139842.21 |
| (ii) Unitemized | 9650.00 | 103939.94 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii) | 80730.53 | 243782.15 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs) | 500.00 | 6305.00 |
| (d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) | 81230.53 | 250087.15 |
| 12. Transfers From Affiliated/Other Party Committees | 0.00 | 0.00 |
| 13. All Loans Received | 0.00 | 0.00 |
| 14. Loan Repayments Received | 0.00 | 0.00 |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) | 0.00 | 0.00 |
| 16. Refunds of Contributions Made to Federal candidates and Other Political Committees | 0.00 | 0.00 |
| 17. Other Federal Receipts (Dividends, Interest, etc.) | 0.00 | 0.00 |
| 18. Transfers from Non-Federal and Levin Funds | | |
| (a) Non-Federal Account (from Schedule H3) | 0.00 | 0.00 |
| (b) Levin Funds (from Schedule H5) | 0.00 | 0.00 |
| (c) Total Transfer (add 18(a) and 18(b)). | 0.00 | 0.00 |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) | 81230.53 | 250087.15 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) | 81230.53 | 250087.15 |

| II. DISBURSEMENTS | | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|----------|-------------------------------|-----------------------------------|
| 21. Operating Expenditures: | | | |
| (a) Shared Federal/Non-Federal Activity (from Schedule H4) | | | |
| (i) Federal Share..... | 0.00 | 0.00 | |
| (ii) Non-Federal Share..... | 0.00 | 0.00 | |
| (b) Other Federal Operating Expenditures..... | 63243.57 | 358957.98 | |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... | 63243.57 | 358957.98 | |
| 22. Transfers to Affiliated/Other Party Committees..... | 400.00 | 400.00 | |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 0.00 | 0.00 | |
| 24. Independent Expenditure (use Schedule E) | 0.00 | 0.00 | |
| 25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)..... | 0.00 | 0.00 | |
| 26. Loan Repayments Made..... | 0.00 | 0.00 | |
| 27. Loans Made..... | 0.00 | 0.00 | |
| 28. Refunds of Contributions To: | | | |
| (a) Individuals/Persons Other Than Political Committees | 0.00 | 0.00 | |
| (b) Political Party Committees | 0.00 | 0.00 | |
| (c) Other Political Committees (such as PACs) | 0.00 | 0.00 | |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) | 0.00 | 0.00 | |
| 29. Other Disbursements..... | 0.00 | 0.00 | |
| 30. Federal Election Activity (2 U.S.C 431(20)) | | | |
| (a) Shared Federal Election Activity (from Schedule H6) | | | |
| (i) Federal Share | 0.00 | 0.00 | |
| (ii) "Levin" Share | 0.00 | 0.00 | |
| (b) Federal Election Activity Paid Entirely With Federal Funds | 0.00 | 0.00 | |
| (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)).... | 0.00 | 0.00 | |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)).. | 63643.57 | 359357.98 | |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 63643.57 | 359357.98 | |

| III. Net Contributions/Operating Expenditures | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans) from Line 11(d), page 3) | 81230.53 | 250087.15 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 81230.53 | 250087.15 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... | 63243.57 | 358957.98 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3) | 0.00 | 0.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 63243.57 | 358957.98 |

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 48

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

CHARLES BAKER

Mailing Address 49 MONUMENT AVE

City

SWAMPSCOTT

State

MA

Zip Code

01907-1947

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 0 / 2 0 1 1

Transaction ID: SA11.185494

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

CHARLES BATCHELDER

Mailing Address 33 BRADDOCK PARK

City

BOSTON

State

MA

Zip Code

02116-5816

FEC ID number of contributing
federal political committee.

C

Name of Employer
WYMAN STREET ADVISORS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

MANAGING DIRECTOR

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 3 / 2 0 1 1

Transaction ID: SA11.185394

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

ROBERT BEAL

Mailing Address 177 MILK ST

City

BOSTON

State

MA

Zip Code

02109-3404

FEC ID number of contributing
federal political committee.

C

Name of Employer
THE BEAL COMPANIES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

REAL ESTATE

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 0 / 2 0 1 1

Transaction ID: SA11.185452

Amount of Each Receipt this Period

4000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

6000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 48

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

STEPHEN BINDER

Mailing Address PO BOX 286

City

LINCOLN

State

MA

Zip Code

01773-0286

FEC ID number of contributing
federal political committee.

C

Name of Employer
BINDER CAPITAL ADVISORS,
LLC

Occupation

INVESTMENTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 0 / 2 0 1 1

Transaction ID: SA11.185464

Amount of Each Receipt this Period

500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

ANN BLACKHAM

Mailing Address 60 SWAN RD

City

WINCHESTER

State

MA

Zip Code

01890-3747

FEC ID number of contributing
federal political committee.

C

Name of Employer
COLDWELL BANKER

Occupation

REAL ESTATE BROKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 6 / 2 0 1 1

Transaction ID: SA11.185435

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

SHAWN BURKE

Mailing Address 65 TIBBETTS TOWN WAY

City

CHARLESTOWN

State

MA

Zip Code

02129-1609

FEC ID number of contributing
federal political committee.

C

Name of Employer
CITY OF BOSTON

Occupation

REP ELECTION COMMISSIONER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

445.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 0 / 2 0 1 1

Transaction ID: SA11.185463

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1600.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 48

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)
MARTHA CHADWICK

Mailing Address 1 AVERY ST

City State Zip Code
BOSTON MA 02111-1022

FEC ID number of contributing
federal political committee.

C

Name of Employer
COMMONWEALTH OF MASSACHUSETTS

Occupation
GOV'S STAFF

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 8 / 2 0 1 1

Transaction ID: SA11.185376

Amount of Each Receipt this Period

250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MATTHEW CHRISTENSEN

Mailing Address 42 REGENT ST

City State Zip Code
CAMBRIDGE MA 02140-2112

FEC ID number of contributing
federal political committee.

C

Name of Employer
ROSE PARK ADVISORS

Occupation
PORTFOLIO MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5075.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 2 / 2 0 1 1

Transaction ID: SA11.185388

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
THE JONES COMMITTEE

Mailing Address 249 PARK ST

City State Zip Code
NORTH READING MA 01864-3211

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation
COMMITTEE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 0 / 2 0 1 1

Transaction ID: SA11.185484

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

6250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 48

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

JOHN DALTON, MD

Mailing Address 1157 HANCOCK ST

City

QUINCY

State

MA

Zip Code

02169-4303

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation
DOCTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5300.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 0 / 2 0 1 1

Transaction ID: SA11.185489

Amount of Each Receipt this Period

300.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

JOHN DALTON, MD

Mailing Address 1157 HANCOCK ST

City

QUINCY

State

MA

Zip Code

02169-4303

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation
DOCTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5300.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 0 / 2 0 1 1

Transaction ID: SA11.185490

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

KEVIN DELBRIDGE

Mailing Address 10 ANDREA DR

City

HOPKINTON

State

MA

Zip Code

01748-2027

FEC ID number of contributing
federal political committee.

C

Name of Employer
HARBORVEST PARTNERS

Occupation
FINANCIAL ANALYST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 1 / 2 0 1 1

Transaction ID: SA11.185502

Amount of Each Receipt this Period

10000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

15300.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 10 / 48

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

CHRISTOPHER EGAN

Mailing Address 116 FLANDERS RD
SUITE 2000

City State Zip Code
WESTBOROUGH MA 01581-1072

FEC ID number of contributing
federal political committee.

C

Name of Employer
CARRUTH CAPITAL

Occupation
PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 5 / 2 0 1 1

Transaction ID: SA11.185419

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

RICHARD EVANS

Mailing Address 5412 SOUTHERN HILLS DR

City State Zip Code
FRISCO TX 75034-6860

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA11.185519

Amount of Each Receipt this Period

250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MADELEINE FLETCHER

Mailing Address 155 GROVE ST

City State Zip Code
CAMBRIDGE MA 02138-1054

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 5 / 2 0 1 1

Transaction ID: SA11.185409

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

5350.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 11 / 48

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

M. DOZIER GARDNER

Mailing Address 100 UPLAND RD

City

BROOKLINE

State

MA

Zip Code

02445-7737

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 8 / 2 0 1 1

Transaction ID: SA11.185366

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MARGARET GREEN

Mailing Address 1 BROOKDALE LN

City

PEPPERELL

State

MA

Zip Code

01463-1400

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA11.185516

Amount of Each Receipt this Period

250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

WILLIAM HOFMANN

Mailing Address 223 RUTLEDGE RD

City

BELMONT

State

MA

Zip Code

02478-2632

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 2 / 2 0 1 1

Transaction ID: SA11.185353

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 48

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

JEAN INMAN

Mailing Address PO BOX 735

City

STOUGHTON

State

MA

Zip Code

02072-0735

FEC ID number of contributing
federal political committee.

C

Name of Employer
NECNE

Occupation

EDUCATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 6 / 2 0 1 1

Transaction ID: SA11.185434

Amount of Each Receipt this Period

500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

STEPHEN JEFFRIES

Mailing Address 12 BRIMMER ST

City

BOSTON

State

MA

Zip Code

02108-1002

FEC ID number of contributing
federal political committee.

C

Name of Employer
S.B. JEFFRIES CONSULTANTS

Occupation

PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.34

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 1 / 2 0 1 1

Transaction ID: SA11.185337

Amount of Each Receipt this Period

277.78

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

JEANNE KANGAS

Mailing Address 959 HILL RD

City

BOXBOROUGH

State

MA

Zip Code

01719-1012

FEC ID number of contributing
federal political committee.

C

Name of Employer
ARNOLD & KANGAS, P.C.

Occupation

LAWYER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

6350.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 4 / 2 0 1 1

Transaction ID: SA11.185404

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1277.78

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

ROBERT KARAM

Mailing Address 456 ROCK ST

City

FALL RIVER

State

MA

Zip Code

02720-3343

FEC ID number of contributing
federal political committee.

C

Name of Employer
KARAM FINANCIAL

Occupation

PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 7 / 2 0 1 1

Transaction ID: SA11.185511

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

RONALD KAUFMAN

Mailing Address 401 6TH ST SE

City

WASHINGTON

State

DC

Zip Code

20003-2704

FEC ID number of contributing
federal political committee.

C

Name of Employer
THE DUTKO GROUP

Occupation

CONSULTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1575.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 0 / 2 0 1 1

Transaction ID: SA11.185488

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MICHAEL J. KENNEALY

Mailing Address 4 BRENT RD

City

LEXINGTON

State

MA

Zip Code

02420-1824

FEC ID number of contributing
federal political committee.

C

Name of Employer
SPECTRUM EQUITY

Occupation

MANAGING DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 5 / 2 0 1 1

Transaction ID: SA11.185411

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 48

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

MICHAEL J. KENNEALY

Mailing Address 4 BRENT RD

City

LEXINGTON

State

MA

Zip Code

02420-1824

FEC ID number of contributing
federal political committee.

C

Name of Employer
SPECTRUM EQUITY

Occupation

MANAGING DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 0 / 2 0 1 1

Transaction ID: SA11.185453

Amount of Each Receipt this Period

4000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

BARBARA KRONCKE

Mailing Address 51 BAKER PL

City

NEWTON

State

MA

Zip Code

02462-1303

FEC ID number of contributing
federal political committee.

C

Name of Employer
MCCARTER AND ENGLISH

Occupation

ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 1 / 2 0 1 1

Transaction ID: SA11.185501

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

JOHN LAROSA

Mailing Address 273 ROSLINDALE AVE

City

ROSLINDALE

State

MA

Zip Code

02131-3339

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF

Occupation

BUSINESS AND POLITICAL CONSULTING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 6 / 2 0 1 1

Transaction ID: SA11.185358

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

9100.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

KENT LUCKEN

Mailing Address 65 FELLSMERE RD

City

NEWTON

State

MA

Zip Code

02459-1339

FEC ID number of contributing
federal political committee.

C

Name of Employer

THE CITIGROUP PRIVATE BANK

Occupation

PRIVATE BANKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 3 / 2 0 1 1

Transaction ID: SA11.185357

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

PETER MALONE

Mailing Address 149 RANDOLPH AVE

City

MILTON

State

MA

Zip Code

02186-3524

FEC ID number of contributing
federal political committee.

C

Name of Employer

CSP CONSULTING, INC.

Occupation

MANAGING DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 1 / 2 0 1 1

Transaction ID: SA11.185339

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

BRAD MARSTON

Mailing Address 90 BEACON ST
#2

City

BOSTON

State

MA

Zip Code

02108-3324

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 0 / 2 0 1 1

Transaction ID: SA11.185483

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

2100.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

JOHN MCDONNELL

Mailing Address 63 ATLANTIC AVE
#7E

City State Zip Code
BOSTON MA 02110-3713

FEC ID number of contributing
federal political committee.

C

Name of Employer
PATRON SPIRITS COMPANY

Occupation
COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 0 / 2 0 1 1

Transaction ID: SA11.185387

Amount of Each Receipt this Period

10000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

ALBERT MERCK

Mailing Address 1010 WALTHAM ST
APT 19 DO NOT MAIL IN SUMMER

City State Zip Code
LEXINGTON MA 02421-8044

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 3 / 2 0 1 1

Transaction ID: SA11.185393

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

HENRY MEYER

Mailing Address P.O. BOX 149

City State Zip Code
WAKEFIELD RI 02880-0149

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 1 / 2 0 1 1

Transaction ID: SA11.185338

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

15500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

JOSEPH MILANO

Mailing Address 9 ORCHARD LN

City

LYNNFIELD

State

MA

Zip Code

01940-1156

FEC ID number of contributing
federal political committee.

C

Name of Employer
UNION OYSTER HOUSE

Occupation

RESTAURANT OWNER

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 2 / 2 0 1 1

Transaction ID: SA11.185351

Amount of Each Receipt this Period

250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MICHAEL MOTZKIN

Mailing Address 410 SALEM ST
#405

City

WAKEFIELD

State

MA

Zip Code

01880-4900

FEC ID number of contributing
federal political committee.

C

Name of Employer
EMPIRE RECYCLING

Occupation

SALES MANAGER

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 6 / 2 0 1 1

Transaction ID: SA11.185431

Amount of Each Receipt this Period

50.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

ELIZABETH POWELL

Mailing Address 109 EDMUNDS RD

City

WELLESLEY

State

MA

Zip Code

02481-2722

FEC ID number of contributing
federal political committee.

C

Name of Employer
REIRED-DIAMOND MACHINING
TECNOLOGY, I

Occupation

RETIRED-MANUFACTURER

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 0 / 2 0 1 1

Transaction ID: SA11.185451

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

550.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

REBECCA SCHIFF

Mailing Address 9 CHASKE AVE

City

AUBURNDALE

State

MA

Zip Code

02466-1103

FEC ID number of contributing
federal political committee.

C

Name of Employer

UNIVERSITY OF RHODE ISLAND

Occupation

DEVELOPMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 6 / 2 0 1 1

Transaction ID: SA11.185430

Amount of Each Receipt this Period

500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

RONALD SKATES

Mailing Address 4 BOARDMAN AVE

City

MANCHESTER

State

MA

Zip Code

01944-1406

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation

INVESTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 9 / 2 0 1 1

Transaction ID: SA11.185378

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DIANNA SMITH

Mailing Address 94 NEWBURY AVE
#314

City

QUINCY

State

MA

Zip Code

02171-1958

FEC ID number of contributing
federal political committee.

C

Name of Employer
BMC

Occupation

REGISTERED NURSE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

305.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 0 / 2 0 1 1

Transaction ID: SA11.185385

Amount of Each Receipt this Period

200.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1700.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

BRENDA SOUSSAN

Mailing Address 1200 SALEM ST
#192

City State Zip Code
LYNNFIELD MA 01940-1594

FEC ID number of contributing
federal political committee.

C

Name of Employer
IDEA COUNSELORS

Occupation
SALES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 5 / 2 0 1 1

Transaction ID: SA11.185410

Amount of Each Receipt this Period

100.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MIMI SUNDSTROM

Mailing Address 66 ALLERTON RD

City State Zip Code
MILTON MA 02186-2119

FEC ID number of contributing
federal political committee.

C

Name of Employer
GRAD STUDENT

Occupation
GRAD STUDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 0 / 2 0 1 1

Transaction ID: SA11.185487

Amount of Each Receipt this Period

500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

KARL THOBER

Mailing Address 502 GROVE ST

City State Zip Code
FRAMINGHAM MA 01701-3719

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 8 / 2 0 1 1

Transaction ID: SA11.185365

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

700.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 20 / 48

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

KARL THOBER

Mailing Address 502 GROVE ST

City

FRAMINGHAM

State

MA

Zip Code

01701-3719

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 5 / 2 0 1 1

Transaction ID: SA11.185413

Amount of Each Receipt this Period

100.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

CIT VENDOR FINANCE

Mailing Address 10201 CENTURION PKWAY N
100

City

JACKSONVILLE

State

FL

Zip Code

32256-4114

FEC ID number of contributing
federal political committee.

C

Name of Employer
CIT VENDOR FINANCE

Occupation
FINANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1817.13

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 0 / 2 0 1 1

Transaction ID: SA11.185386

Amount of Each Receipt this Period

1052.75

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1152.75

TOTAL This Period (last page this line number only)

71080.53

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 48

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

PETERSON

Mailing Address PO BOX 274

City

GRAFTON

State

MA

Zip Code

01519-0274

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 9 / 2 0 1 1

Transaction ID: SA11.185377

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

500.00

TOTAL This Period (last page this line number only)

500.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

TIMOTHY BUCKLEY

Mailing Address 55 W BROADWAY

City
SOUTH BOSTON

State
MA

Zip Code
02127

Purpose of Disbursement
REIMBURSEMENT

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB.146

Date of Disbursement

06 / 02 / 2011

Amount of Each Disbursement this Period

193.94

B.

Full Name (Last, First, Middle Initial)

BOWDOIN SQUARE EXXON

Mailing Address 239 CAMBRIDGE ST

City
BOSTON

State
MA

Zip Code
02114

Purpose of Disbursement
GAS/MILEGE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB.160

Date of Disbursement

06 / 02 / 2011

Amount of Each Disbursement this Period

54.00

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

STAPLES

Mailing Address 163 HIGHLAND AVE

City
NEEDHAM

State
MA

Zip Code
02494

Purpose of Disbursement
CAMERA CORD PURCHASE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB.159

Date of Disbursement

06 / 02 / 2011

Amount of Each Disbursement this Period

21.24

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

193.94

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

VERIZON PHONE

Mailing Address PO BOX 15062

City
ALBANY

State
NY

Zip Code
12212

Purpose of Disbursement
PHONE BILL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB.158

Date of Disbursement

06 / 02 / 2011

Amount of Each Disbursement this Period

118.70

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Tim Buckley

Mailing Address 55 W Broadway #8

City
Boston

State
MA

Zip Code
02127

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB.161

Date of Disbursement

06 / 07 / 2011

Amount of Each Disbursement this Period

1083.01

C.

Full Name (Last, First, Middle Initial)

TIMOTHY BUCKLEY

Mailing Address 55 W BROADWAY #8

City
SOUTH BOSTON

State
MA

Zip Code
02127

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB.165

Date of Disbursement

06 / 21 / 2011

Amount of Each Disbursement this Period

1083.01

SUBTOTAL of Disbursements This Page (optional)

2166.02

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

AMANDA CODY

Mailing Address 73 ABBOTT AVENUE

City
EVERETT

State
MA

Zip Code
02149

Purpose of Disbursement
REIMBURSEMENT - PHONE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB.1

Date of Disbursement

06 / 07 / 2011

Amount of Each Disbursement this Period

130.54

B.

Full Name (Last, First, Middle Initial)

VERIZON PHONE

Mailing Address PO BOX 15062

City
ALBANY

State
NY

Zip Code
12212

Purpose of Disbursement
PHONE BILL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB.152

Date of Disbursement

06 / 07 / 2011

Amount of Each Disbursement this Period

130.54

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

AMANDA CODY

Mailing Address 73 ABBOTT AVENUE

City
EVERETT

State
MA

Zip Code
02149

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB.162

Date of Disbursement

06 / 07 / 2011

Amount of Each Disbursement this Period

940.05

SUBTOTAL of Disbursements This Page (optional)

1070.59

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
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| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

AMANDA CODY

Mailing Address 73 ABBOTT AVENUE

City
EVERETT

State
MA

Zip Code
02149

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB.166

Date of Disbursement

06 / 21 / 2011

Amount of Each Disbursement this Period

940.05

B.

Full Name (Last, First, Middle Initial)

AMANDA CODY

Mailing Address 73 ABBOTT AVENUE

City
EVERETT

State
MA

Zip Code
02149

Purpose of Disbursement
REIMBURSEMENT - POSTAL EXPENSES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB.3

Date of Disbursement

06 / 15 / 2011

Amount of Each Disbursement this Period

15.62

C.

Full Name (Last, First, Middle Initial)

U.S. POSTAL SERVICE

Mailing Address JFK STATION

City
BOSTON

State
MA

Zip Code
02114

Purpose of Disbursement
POST OFFICE SUPPLIES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB.153

Date of Disbursement

06 / 15 / 2011

Amount of Each Disbursement this Period

15.62

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

955.67

TOTAL This Period (last page this line number only)

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|---|-----|--|-----|--|-----|--|-----|--|----|--|-----|
| X | 21b | | 22 | | 23 | | 24 | | 25 | | 26 |
| | 27 | | 28a | | 28b | | 28c | | 29 | | 30b |

Massachusetts Republican State Congressional Committee

06 / 07 / 2011

State: District:

06 / 07 / 2011

State: District:

State: District:

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

BOWDOIN SQUARE EXXON

Mailing Address 239 CAMBRIDGE ST

City
BOSTON

State
MA

Zip Code
02114

Purpose of Disbursement
GAS/MILEGE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB.155

Date of Disbursement

06 / 02 / 2011

Amount of Each Disbursement this Period

342.10

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

LAZ PARKING

Mailing Address 100 HIGH ST

City
BOSTON

State
MA

Zip Code
02110

Purpose of Disbursement
PARKING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB.156

Date of Disbursement

06 / 02 / 2011

Amount of Each Disbursement this Period

30.00

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

VERIZON PHONE

Mailing Address PO BOX 15062

City
ALBANY

State
NY

Zip Code
12212

Purpose of Disbursement
PHONE BILL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB.154

Date of Disbursement

06 / 02 / 2011

Amount of Each Disbursement this Period

60.00

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 28 / 48

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

ANTONY FERRUCCI

Mailing Address 62 DWIGHT STREET, APT 1

City State Zip Code
BROOKLINE MA 02446Purpose of Disbursement
PAYROLL

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB.163

Date of Disbursement

M M / D D / Y Y Y Y
0 6 / 0 7 / 2 0 1 1

Amount of Each Disbursement this Period

916.77

B.

Full Name (Last, First, Middle Initial)

ANTONY FERRUCCI

Mailing Address 62 DWIGHT STREET, APT 1

City State Zip Code
BROOKLINE MA 02446Purpose of Disbursement
PAYROLL

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB.167

Date of Disbursement

M M / D D / Y Y Y Y
0 6 / 2 1 / 2 0 1 1

Amount of Each Disbursement this Period

916.77

C.

Full Name (Last, First, Middle Initial)

DORIS HEARTY

Mailing Address 27 SILVER HILL ROAD

City State Zip Code
WESTON MA 02493Purpose of Disbursement
REFUND DUE TO EXCESS CONTRIBUTION

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB.44

Date of Disbursement

M M / D D / Y Y Y Y
0 6 / 0 7 / 2 0 1 1

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)

6833.54

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 29 / 48

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

NATHAN LITTLE

Mailing Address 83 CONGREVE

City
W ROXBURY

State
MA

Zip Code
02132

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB.164

Date of Disbursement

06 / 07 / 2011

Amount of Each Disbursement this Period

2199.96

B.

Full Name (Last, First, Middle Initial)

NATHAN LITTLE

Mailing Address 83 CONGREVE

City
W ROXBURY

State
MA

Zip Code
02132

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB.168

Date of Disbursement

06 / 21 / 2011

Amount of Each Disbursement this Period

2191.73

C.

Full Name (Last, First, Middle Initial)

MELISSA LUCAS

Mailing Address 22 SLAYTON RD

City
MELROSE

State
MA

Zip Code
02176

Purpose of Disbursement
Fund-raising CONSULTING- Party Only

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB.90

Date of Disbursement

06 / 02 / 2011

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

6891.69

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 30 / 48

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

MELISSA LUCAS

Mailing Address 22 SLAYTON RD

City
MELROSEState
MAZip Code
02176Purpose of Disbursement
Fund-raising CONSULTING- Party Only

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB.91

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | | 3 | 0 | | 2 | 0 | 1 | 1 |

Amount of Each Disbursement this Period

2557.00

B.

Full Name (Last, First, Middle Initial)

JENNIFER NASSOUR

Mailing Address 49 CHELSEA STREET

City
CHARLESTOWNState
MAZip Code
02129Purpose of Disbursement
REIMBURSEMENT - CAMPAIGN SOFTWARE

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB.75

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | | 1 | 5 | | 2 | 0 | 1 | 1 |

Amount of Each Disbursement this Period

950.00

C.

Full Name (Last, First, Middle Initial)

CMDI

Mailing Address 7704 LEESBURG PIKE

City
FALLS CHURCHState
VAZip Code
22043Purpose of Disbursement
CAMPAIGN SOFTWARE PAYMENT

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB.157

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | | 1 | 5 | | 2 | 0 | 1 | 1 |

Amount of Each Disbursement this Period

950.00

[MEMO ITEM]**SUBTOTAL** of Disbursements This Page (optional)

3507.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

AMERICAN EXPRESS

Mailing Address P.O. BOX 1270

City
NEWARK

State
NJ

Zip Code
07101

Purpose of Disbursement
CC PROCESSING FEE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB.7

Date of Disbursement

06 / 06 / 2011

Amount of Each Disbursement this Period

20.89

B.

Full Name (Last, First, Middle Initial)

AUTHORIZE.NET

Mailing Address P.O. BOX 8999

City
SAN FRANCISCO

State
CA

Zip Code
94128

Purpose of Disbursement
CC PROCESSING FEES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB.16

Date of Disbursement

06 / 02 / 2011

Amount of Each Disbursement this Period

5.00

C.

Full Name (Last, First, Middle Initial)

AUTHORIZE.NET

Mailing Address P.O. BOX 8999

City
SAN FRANCISCO

State
CA

Zip Code
94128

Purpose of Disbursement
CC PROCESSING FEES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB.17

Date of Disbursement

06 / 02 / 2011

Amount of Each Disbursement this Period

20.00

SUBTOTAL of Disbursements This Page (optional)

45.89

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

AUTHORIZE.NET

Mailing Address P.O. BOX 8999

City State Zip Code
SAN FRANCISCO CA 94128

Purpose of Disbursement
CC PROCESSING FEES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB.18

Date of Disbursement

06 / 02 / 2011

Amount of Each Disbursement this Period

15.00

B.

Full Name (Last, First, Middle Initial)

BANK OF AMERICA\FLEET BANK

Mailing Address PO BOX 25118

City State Zip Code
TAMPA FL 33622

Purpose of Disbursement
CC PROCESSING FEE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB.20

Date of Disbursement

06 / 01 / 2011

Amount of Each Disbursement this Period

49.99

C.

Full Name (Last, First, Middle Initial)

BANK OF AMERICA\FLEET BANK

Mailing Address PO BOX 25118

City State Zip Code
TAMPA FL 33622

Purpose of Disbursement
CC PROCESSING FEE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB.21

Date of Disbursement

06 / 01 / 2011

Amount of Each Disbursement this Period

74.99

SUBTOTAL of Disbursements This Page (optional)

139.98

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
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| | | | | | |
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| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A. Full Name (Last, First, Middle Initial)
BANK OF AMERICA\FLEET BANK

Mailing Address PO BOX 25118

City TAMPA State FL Zip Code 33622

Purpose of Disbursement
CC PROCESSING FEE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB.22

Date of Disbursement

06 / 01 / 2011

Amount of Each Disbursement this Period

25.00

B. Full Name (Last, First, Middle Initial)
BFSDANIELS

Mailing Address 12 CHANNEL STREET

City BOSTON State MA Zip Code 02210

Purpose of Disbursement
LINCOLN REAGEN INVITATIONS AND POSTAGE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB.24

Date of Disbursement

06 / 20 / 2011

Amount of Each Disbursement this Period

76.50

C. Full Name (Last, First, Middle Initial)
BLUE CROSS BLUE SHIELD

Mailing Address PO BOX 371318

City PITTSBURGH State PA Zip Code 15250

Purpose of Disbursement
STAFF HEALTH INSURANCE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB.27

Date of Disbursement

06 / 07 / 2011

Amount of Each Disbursement this Period

579.60

SUBTOTAL of Disbursements This Page (optional)

681.10

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

| | | | | | | | | | | | | | | | | | | | | | |
|--|---|---------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| A. Full Name (Last, First, Middle Initial) BOWDITCH & DEWEY | Transaction ID: SB.30 Date of Disbursement | | | | | | | | | | | | | | | | | | | | |
| Mailing Address 310 MAIN STREET PO BOX 15156 | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 6 | | 1 | 5 | | 2 | 0 | 1 | 1 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 0 | 6 | | 1 | 5 | | 2 | 0 | 1 | 1 | | | | | | | | | | | | |
| City WORCESTER State MA Zip Code 01615 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement LEGAL SERVICES | <table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table> | 1000.00 | | | | | | | | | | | | | | | | | | | |
| 1000.00 | | | | | | | | | | | | | | | | | | | | | |
| Candidate Name | Category/ Type | | | | | | | | | | | | | | | | | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | | | | | | | | | | | | | | | | |
| B. Full Name (Last, First, Middle Initial) BYTEBULB | Transaction ID: SB.32 Date of Disbursement | | | | | | | | | | | | | | | | | | | | |
| Mailing Address PO BOX 51896 | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 6 | | 0 | 2 | | 2 | 0 | 1 | 1 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 0 | 6 | | 0 | 2 | | 2 | 0 | 1 | 1 | | | | | | | | | | | | |
| City BOSTON State MA Zip Code 02205 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement WEB SERVER MONTHLY HOSTING FEE | <table border="1"> <tr> <td colspan="10">100.00</td> </tr> </table> | 100.00 | | | | | | | | | | | | | | | | | | | |
| 100.00 | | | | | | | | | | | | | | | | | | | | | |
| Candidate Name | Category/ Type | | | | | | | | | | | | | | | | | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | | | | | | | | | | | | | | | | |
| C. Full Name (Last, First, Middle Initial) CHARLESTOWN SELF STORAGE | Transaction ID: SB.35 Date of Disbursement | | | | | | | | | | | | | | | | | | | | |
| Mailing Address 50 TERMINAL ST | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 6 | | 2 | 8 | | 2 | 0 | 1 | 1 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 0 | 6 | | 2 | 8 | | 2 | 0 | 1 | 1 | | | | | | | | | | | | |
| City CHARLESTOWN State MA Zip Code 02129 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement STORAGE | <table border="1"> <tr> <td colspan="10">327.00</td> </tr> </table> | 327.00 | | | | | | | | | | | | | | | | | | | |
| 327.00 | | | | | | | | | | | | | | | | | | | | | |
| Candidate Name | Category/ Type | | | | | | | | | | | | | | | | | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | | | | | | | | | | | | | | | | |

SUBTOTAL of Disbursements This Page (optional)

1427.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

CMDI

Mailing Address 7704 LEESBURG PIKE

City
FALLS CHURCH

State
VA

Zip Code
22043

Purpose of Disbursement
COMPUTER SOFTWARE BILL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB.37

Date of Disbursement

06 / 16 / 2011

Amount of Each Disbursement this Period

950.00

B.

Full Name (Last, First, Middle Initial)

COPY COP

Mailing Address 12 CHANNEL ST

City
BOSTON

State
MA

Zip Code
02215

Purpose of Disbursement
EVENT INVITATIONS: PARTY ONLY

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB.39

Date of Disbursement

06 / 07 / 2011

Amount of Each Disbursement this Period

132.81

C.

Full Name (Last, First, Middle Initial)

DIRECT MAIL SYSTEMS

Mailing Address 12450 AUTOMOBILE BOULEVARD

City
CLEARWATER

State
FL

Zip Code
33762

Purpose of Disbursement
DIRECT MAIL EXPENSE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB.42

Date of Disbursement

06 / 21 / 2011

Amount of Each Disbursement this Period

1320.00

SUBTOTAL of Disbursements This Page (optional)

2402.81

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 36 / 48

| | | | | | |
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| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

ELAVON

Mailing Address ONE CONCOURSE PARKWAY
SUITE 300A

City ATLANTA State GA Zip Code 30328

Purpose of Disbursement
CC PROCESSING FEE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB.46

Date of Disbursement

06 / 02 / 2011

Amount of Each Disbursement this Period

102.60

B.

Full Name (Last, First, Middle Initial)

FEDEX

Mailing Address P.O. BOX 37146

City PITTSBURGH State PA Zip Code 15250--746

Purpose of Disbursement
SHIPPING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB.58

Date of Disbursement

06 / 02 / 2011

Amount of Each Disbursement this Period

56.12

C.

Full Name (Last, First, Middle Initial)

FEDEX

Mailing Address P.O. BOX 37146

City PITTSBURGH State PA Zip Code 15250--746

Purpose of Disbursement
SHIPPING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB.59

Date of Disbursement

06 / 21 / 2011

Amount of Each Disbursement this Period

15.17

SUBTOTAL of Disbursements This Page (optional)

173.89

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

FEDEX

Mailing Address P.O. BOX 37146

City
PITTSBURGH

State
PA

Zip Code
15250--746

Purpose of Disbursement
SHIPPING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB.63

Date of Disbursement

06 / 23 / 2011

Amount of Each Disbursement this Period

48.01

B.

Full Name (Last, First, Middle Initial)

FEDEX

Mailing Address P.O. BOX 37146

City
PITTSBURGH

State
PA

Zip Code
15250--746

Purpose of Disbursement
SHIPPING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB.67

Date of Disbursement

06 / 24 / 2011

Amount of Each Disbursement this Period

48.01

C.

Full Name (Last, First, Middle Initial)

FEDEX

Mailing Address P.O. BOX 37146

City
PITTSBURGH

State
PA

Zip Code
15250--746

Purpose of Disbursement
SHIPPING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB.68

Date of Disbursement

06 / 30 / 2011

Amount of Each Disbursement this Period

15.17

SUBTOTAL of Disbursements This Page (optional)

111.19

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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| | | | | | |
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| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

ICONACT

Mailing Address 5221 PARAMOUNT PARKWAY

City
MORRISVILLE

State
NC

Zip Code
27560

Purpose of Disbursement
EMAIL BLAST EXPENSE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB.70

Date of Disbursement

06 / 03 / 2011

Amount of Each Disbursement this Period

149.00

B.

Full Name (Last, First, Middle Initial)

INTUIT QB ONLINE

Mailing Address 2700 COAST AVENUE

City
MOUNTAIN VIEW

State
CA

Zip Code
94943

Purpose of Disbursement
ACCOUNTING SYSTEM FEE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB.72

Date of Disbursement

06 / 06 / 2011

Amount of Each Disbursement this Period

37.13

C.

Full Name (Last, First, Middle Initial)

KAUPPI COMMUNICATIONS

Mailing Address PO BOX 152

City
WEST GROTON

State
MA

Zip Code
01472

Purpose of Disbursement
PUBLIC RELATIONS CONSULTING-MAY

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB.77

Date of Disbursement

06 / 14 / 2011

Amount of Each Disbursement this Period

3000.00

SUBTOTAL of Disbursements This Page (optional)

3186.13

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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| | | | | | |
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| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A. Full Name (Last, First, Middle Initial)
KONICA MINOLTA PREMIER FINANCE

Mailing Address PO BOX 790448

City ST LOUIS State MO Zip Code 63179-0-44

Purpose of Disbursement
COPIER LEASE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB.79

Date of Disbursement

06 / 14 / 2011

Amount of Each Disbursement this Period

1052.75

B. Full Name (Last, First, Middle Initial)
KONICA MINOLTA PREMIER FINANCE

Mailing Address PO BOX 790448

City ST LOUIS State MO Zip Code 63179-0-44

Purpose of Disbursement
COPIER SERVICE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB.80

Date of Disbursement

06 / 15 / 2011

Amount of Each Disbursement this Period

1817.13

C. Full Name (Last, First, Middle Initial)
MARTHA'S CROWN PLAZA HOTEL

Mailing Address 320 WASHINGTON ST

City NEWTON State MA Zip Code 02458

Purpose of Disbursement
STATE COMMITTEE MEETING ROOM FEE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB.85

Date of Disbursement

06 / 27 / 2011

Amount of Each Disbursement this Period

1660.76

SUBTOTAL of Disbursements This Page (optional)

4530.64

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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| | | | | | |
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| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

| | |
|--|--|
| <p>A.</p> <p>Full Name (Last, First, Middle Initial) MERCHANTS BANKCARDS</p> <p>Mailing Address 1700 N DIXIE HIGHWAY</p> <p>City BOCA RATON State FL Zip Code 33432</p> <p>Purpose of Disbursement CC PROCESSING FEE</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB.93 Date of Disbursement <div>M M / D D / Y Y Y Y</div> <div>0 6 / 0 3 / 2 0 1 1</div> </p> <p>Amount of Each Disbursement this Period <div>177.45</div> </p> |
| <p>B.</p> <p>Full Name (Last, First, Middle Initial) MERCHANTS BANKCARDS</p> <p>Mailing Address 1700 N DIXIE HIGHWAY</p> <p>City BOCA RATON State FL Zip Code 33432</p> <p>Purpose of Disbursement CC PROCESSING FEE</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB.94 Date of Disbursement <div>M M / D D / Y Y Y Y</div> <div>0 6 / 0 3 / 2 0 1 1</div> </p> <p>Amount of Each Disbursement this Period <div>57.45</div> </p> |
| <p>C.</p> <p>Full Name (Last, First, Middle Initial) OMNI SECURITY SYSTEMS, INC.</p> <p>Mailing Address PEARSON PLAZA, PO BOX 879</p> <p>City BYFIELD State MA Zip Code 01922</p> <p>Purpose of Disbursement ALARM SYSTEM SERVICE CALL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB.96 Date of Disbursement <div>M M / D D / Y Y Y Y</div> <div>0 6 / 2 1 / 2 0 1 1</div> </p> <p>Amount of Each Disbursement this Period <div>90.00</div> </p> |

SUBTOTAL of Disbursements This Page (optional)

324.90

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 41 / 48

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

| | |
|--|--|
| <p>A.</p> <p>Full Name (Last, First, Middle Initial) OX-EYE PROPERTIES</p> <p>Mailing Address C/O TRIAD LC 117 SOUTH 14TH ST. S</p> <p>City RICHMOND State VA Zip Code 23219</p> <p>Purpose of Disbursement OFFICE RENT</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB.100</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="482.07"/></p> |
| <p>B.</p> <p>Full Name (Last, First, Middle Initial) OX-EYE PROPERTIES</p> <p>Mailing Address C/O TRIAD LC 117 SOUTH 14TH ST. S</p> <p>City RICHMOND State VA Zip Code 23219</p> <p>Purpose of Disbursement RENT</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB.101</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="4434.00"/></p> |
| <p>C.</p> <p>Full Name (Last, First, Middle Initial) OX-EYE PROPERTIES</p> <p>Mailing Address C/O TRIAD LC 117 SOUTH 14TH ST. S</p> <p>City RICHMOND State VA Zip Code 23219</p> <p>Purpose of Disbursement UTILITIES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB.99</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="482.07"/></p> |

SUBTOTAL of Disbursements This Page (optional)

5398.14

TOTAL This Period (last page this line number only)

| | | | | | | | | | | | |
|---|-----|--|-----|--|-----|--|-----|--|----|--|-----|
| X | 21b | | 22 | | 23 | | 24 | | 25 | | 26 |
| | 27 | | 28a | | 28b | | 28c | | 29 | | 30b |

Massachusetts Republican State Congressional Committee

FEC Schedule B (Form 3X) (Revised 02/2003)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 43 / 48

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A. Full Name (Last, First, Middle Initial)
PAYRIGHT PAYROLL SERVICES

Mailing Address 468 GREAT ROAD

City ACTON State MA Zip Code 01720

Purpose of Disbursement
PAYROLL TAXES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB.110

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1911.81

B. Full Name (Last, First, Middle Initial)
PAYRIGHT PAYROLL SERVICES

Mailing Address 468 GREAT ROAD

City ACTON State MA Zip Code 01720

Purpose of Disbursement
PAYROLL SERVICE FEE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB.112

Date of Disbursement

/ /

Amount of Each Disbursement this Period

41.60

C. Full Name (Last, First, Middle Initial)
PAYRIGHT PAYROLL SERVICES

Mailing Address 468 GREAT ROAD

City ACTON State MA Zip Code 01720

Purpose of Disbursement
PAYROLL TAXES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB.114

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1911.81

SUBTOTAL of Disbursements This Page (optional)

3865.22

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

PLAQUEMAKER COM

Mailing Address 289 BUSINESS PK DR

City
FORTVILLE

State
IN

Zip Code
46040

Purpose of Disbursement
EVENT AWARD: PARTY ONLY

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB.128

Date of Disbursement

/ /

Amount of Each Disbursement this Period

62.69

B.

Full Name (Last, First, Middle Initial)

POLAND SPRING

Mailing Address P.O. BOX 856192

City
LOUISVILLE

State
KY

Zip Code
40285--619

Purpose of Disbursement
BOTTLED WATER

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB.131

Date of Disbursement

/ /

Amount of Each Disbursement this Period

36.54

C.

Full Name (Last, First, Middle Initial)

PROLAB EXPRESS

Mailing Address 3525 LOUSMA DR SE

City
GRAND RAPIDS

State
MI

Zip Code
49548

Purpose of Disbursement
PHOTOGRAPHY PURCHASE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB.133

Date of Disbursement

/ /

Amount of Each Disbursement this Period

12.34

SUBTOTAL of Disbursements This Page (optional)

111.57

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 45 / 48

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

SHERATON BOSTON HOTEL

Mailing Address 39 DALTON ST

City
BOSTON

State
MA

Zip Code
02199

Purpose of Disbursement
EVENT rental, food & drink - PARTY ONLY

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB.136

Date of Disbursement

06 / 22 / 2011

Amount of Each Disbursement this Period

7120.19

B.

Full Name (Last, First, Middle Initial)

STAPLES

Mailing Address STAPLES CREDIT PLAN

City
DES MOINES

State
IA

Zip Code
50368--902

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB.138

Date of Disbursement

06 / 02 / 2011

Amount of Each Disbursement this Period

114.50

C.

Full Name (Last, First, Middle Initial)

STAPLES

Mailing Address STAPLES CREDIT PLAN

City
DES MOINES

State
IA

Zip Code
50368--902

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB.139

Date of Disbursement

06 / 27 / 2011

Amount of Each Disbursement this Period

414.01

SUBTOTAL of Disbursements This Page (optional)

7648.70

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 46 / 48

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A. Full Name (Last, First, Middle Initial)
THE UNION CLUB OF BOSTON

Mailing Address 8 PARK STREET

City BOSTON State MA Zip Code 02108

Purpose of Disbursement
EVENT Room Rental - PARTY ONLY

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB.142

Date of Disbursement

06 / 15 / 2011

Amount of Each Disbursement this Period

1977.36

B. Full Name (Last, First, Middle Initial)
THE UNION CLUB OF BOSTON

Mailing Address 8 PARK STREET

City BOSTON State MA Zip Code 02108

Purpose of Disbursement
EVENT food and beverage - PARTY ONLY

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB.143

Date of Disbursement

06 / 15 / 2011

Amount of Each Disbursement this Period

420.09

C. Full Name (Last, First, Middle Initial)
THE UNION CLUB OF BOSTON

Mailing Address 8 PARK STREET

City BOSTON State MA Zip Code 02108

Purpose of Disbursement
EVENT Room Rental - PARTY ONLY

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB.144

Date of Disbursement

06 / 15 / 2011

Amount of Each Disbursement this Period

2397.45

SUBTOTAL of Disbursements This Page (optional)

4794.90

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 47 / 48

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

U.S. POSTAL SERVICE- PERMIT FEE WINDOW

Mailing Address BOSTON PERMIT FEE WINDOW
PO BOX 5

City BOSTON State MA Zip Code 02205

Purpose of Disbursement
BOSTON PERMIT RENEWAL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB.148

Date of Disbursement

06 / 02 / 2011

Amount of Each Disbursement this Period

190.00

B.

Full Name (Last, First, Middle Initial)

VERIZON PHONE

Mailing Address PO BOX 1100

City ALBANY State NY Zip Code 12250-0000

Purpose of Disbursement
OFFICE TELEPHONE EXPENSE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB.151

Date of Disbursement

06 / 07 / 2011

Amount of Each Disbursement this Period

655.47

SUBTOTAL of Disbursements This Page (optional)

845.47

TOTAL This Period (last page this line number only)

63243.57

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 48 / 48

| | | | | | |
|------------------------------|--|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input checked="" type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

MASSACHUSETTS REPUBLICAN PARTY

Mailing Address 85 MERRIMAC ST.

City
BOSTON

State
MA

Zip Code
02114

Purpose of Disbursement
Transfer to State

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State:

District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB.87

Date of Disbursement

/ /

Amount of Each Disbursement this Period

400.00

Raytheon \$400

SUBTOTAL of Disbursements This Page (optional)

400.00

TOTAL This Period (last page this line number only)

400.00